



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

TX Health dba Injury 1 - Dallas

Respondent Name

Hartford Insurance Company of

MFDR Tracking Number

M4-13-2662-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

June 17, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "...it is our position that Gallagher Bassett has established an unfair and unreasonable time frame in paying for the services that were medically necessary and rendered..."

Amount in Dispute: \$7,040.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: Written acknowledgement of medical fee dispute received however no position statement submitted.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 17, 2012 thru February 6, 2013	Work Hardening	\$7,040.00	\$6,994.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.600 sets out the guidelines for prospective and concurrent review of health care.
3. 28 Texas Administrative Code §134.204 sets out medical fee guideline for workers' compensation specific services.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 216 – Based on the findings of the review organization

Issues

1. Did the requestor obtain authorization prior to providing disputed services?
2. Is the carrier's denial supported?
3. What is applicable rule for determining fee?

4. Is the requestor entitled to reimbursement?

Findings

1. 28 Texas Administrative Code §134.600(c) states in pertinent part, "The insurance carrier is liable for all reasonable and necessary medical costs relating to the health care: (1) listed in subsection (p) or (q) of this section only when the following situations occur: ... (B) preauthorization of any health care listed in subsection (p) of this section that was approved prior to providing the health care;

Review of the submitted documentation finds;

- a. Letter from Coventry dated, December 14, 2012 that states "work Hardening 5xSWkx x 2wks x 80 hours/units, 97545 97546. Start date 12/13/12 end date 2/13/13
- b. Letter from Coventry dated, January 26, 2013 that states "Additional Work Hardening 5xWk x 1Wks total of 40 hours. State date 01/14/13 end date 03/14/13.

The requestor met the Division guidelines requirement of prior authorization.

2. 28 Texas Administrative Code §134.600 (l) states in pertinent part, "The insurance carrier shall not withdraw a preauthorization or concurrent utilization review approval once issued". Therefore the carriers' denial is not supported and the services in dispute will be reviewed per applicable rules and fee guidelines.

3. 28 Texas Labor Code §134,204 (h)(3) states, "For Division purposes, Comprehensive Occupational Rehabilitation Programs, as defined in the CARF manual, are considered Work Hardening.

(A) The first two hours of each session shall be billed and reimbursed as one unit, using CPT Code 97545 with modifier "WH." Each additional hour shall be billed using CPT Code 97546 with modifier "WH." CARF accredited Programs shall add "CA" as a second modifier.

(B) Reimbursement shall be \$64 per hour. Units of less than one hour shall be prorated by 15 minute increments. A single 15 minute increment may be billed and reimbursed if greater than or equal to 8 minutes and less than 23 minutes.

The Maximum Allowable Reimbursement (MAR) shall be calculated as follows:

Date of Service	Submitted Code	Submitted Charge	Units	Maximum Allowable Reimbursement (MAR)
12/17/2012	97545 WHCA	\$213.50	1	$\$64 \times 2 = \128.00
12/17/2012	97546 WHCA	\$587.13	5.5	$\$64 \times 5 = \$320 + 64 \div 4 = 15 \times 2 = \30 $\$320 + \$30 = \$350.00$
12/18/2012	97545 WHCA	\$213.50	1	$\$64 \times 2 = \128.00
12/18/2012	97546 WHCA	\$640.50	6	$\$64 \times 6 = \384.00
12/19/2012	97545 WHCA	\$213.50	1	$\$64 \times 2 = \128.00
12/19/2012	97546 WHCA	\$640.50	6	$\$64 \times 6 = \384.00
12/21/2012	97545 WHCA	\$213.50	1	$\$64 \times 2 = \128.00
12/21/2012	97546 WHCA	\$640.50	6	$\$64 \times 6 = \384.00
12/24/2012	97545 WHCA	\$213.50	1	$\$64 \times 2 = \128.00
12/24/2012	97546 WHCA	\$640.50	6	$\$64 \times 6 = \384.00
01/03/2013	97545 WHCA	\$213.50	1	$\$64 \times 2 = \128.00
01/03/2013	97546 WHCA	\$640.50	6	$\$64 \times 6 = \384.00
01/09/2013	97545 WHCA	\$213.50	1	$\$64 \times 2 = \128.00
01/09/2013	97546 WHCA	\$640.50	6	$\$64 \times 6 = \384.00
01/10/2013	97545 WHCA	\$213.50	1	$\$64 \times 2 = \128.00
01/10/2013	97546 WHCA	\$613.81	5.75	$\$64 \times 5 = \$320 + 64 \div 4 = 15 \times 3 = \45 $\$320.00 + \$45.00 = \$365.00$
01/11/2013	97545 WHCA	\$213.50	1	$\$64 \times 2 = \128.00
01/11/2013	97546 WHCA	\$587.13	5.5	$\$64 \times 5 = \$320 + 64 \div 4 = 15 \times 2 = \30 $\$320 + \$30 = \$350.00$

01/28/2013	97545 WHCA	\$213.50	1	$\$64 \times 2 = \128.00
01/28/2013	97545 WHCA	\$613.81	5.75	$\$64 \times 5 = \$320 + 64 \div 4 = 15 \times 3 = \45 $\$320.00 + \$45.00 = \$365.00$
01/31/2013	97546 WHCA	\$213.50	1	$\$64 \times 2 = \128.00
01/31/2013	97545 WHCA	\$587.13	5.5	$\$64 \times 5 = \$320 + 64 \div 4 = 15 \times 2 = \30 $\$320 + \$30 = \$350.00$
02/04/2013	97546 WHCA	\$213.50	1	$\$64 \times 2 = \128.00
02/04/2013	97545 WHCA	\$640.50	6	$\$64 \times 6 = \384.00
02/05/2013	97546 WHCA	\$213.50	1	$\$64 \times 2 = \128.00
02/05/2013	97545 WHCA	\$640.50	6	$\$64 \times 6 = \384.00
02/06/2013	97546 WHCA	\$213.50	1	$\$64 \times 2 = \128.00
02/06/2013	97545 WHCA	\$587.13	5.5	$\$64 \times 5 = \$320 + 64 \div 4 = 15 \times 2 = \30 $\$320 + \$30 = \$350.00$
	TOTAL			\$6,994.00

4. The total allowable for the reviewed services is \$6,994.00. The Carrier previously paid \$0.00 leaving a balance due to the requestor of \$6,994.00. This amount is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$6,994.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby **ORDERS** the respondent to remit to the requestor the amount of \$6,994.00, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	April 2, 2014 Date
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YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.